



Timothy Hatfield
Partner
(503) 208-5037
tim@hkhealthlaw.com

July 14, 2023

VIA EMAIL

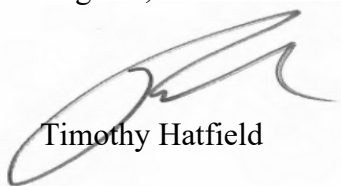
Sarah Bartelmann, MPH
Health Care Market Oversight Program Manager
Oregon Health Authority

Re: HCMO Supplemental Information Request — 012 PeaceHealth-NWSS

Sarah,

Below, please find responses to your supplemental information request, dated July 7, 2023, regarding the proposed transaction between PeaceHealth and Northwest Surgical Specialists, LLP. If you have any further questions, please do not hesitate to contact me directly.

Regards,

A handwritten signature in black ink, appearing to read 'Timothy Hatfield', is written over a light gray rectangular background.

Timothy Hatfield

Enclosure

1. Please provide a PeaceHealth organizational chart showing the position of PeaceHealth Medical Group within the PeaceHealth system.

Response: Please see the organizational chart attached as Exhibit A. As explained in the Notice, PeaceHealth Medical Group is an operational division, not a separate legal entity. As such, the attached organizational chart reflects reporting relationships, not ownership interests, except as otherwise noted.

2. Please describe how PeaceHealth's general and vascular surgery operations in Oregon are organized and managed. For each of the areas identified in a. through h. below, please describe at what level(s) in the PeaceHealth organization activities are performed and decisions made.

- a. Employment and compensation of physicians and other clinical staff

Response: The employment terms and compensation frameworks for employed practitioners, including Physicians, nurse practitioners, and physician assistants are controlled at the corporate level. The provider compensation plan is a board approved plan and its implementation is managed at the corporate level by the PHMG CFO, CEO and CMO.

- b. Range of services to be offered

Response: At a practitioner level, any clinician is authorized to perform any service that he/she is appropriately trained to perform and that PeaceHealth is able to support, should support personnel and specific equipment be required to render such services. At a service area level, the decision about what types of services are needed and how many clinicians of any one type are needed are made by the PHMG Executive Team (CEO, CFO and CMO) at a corporate level using data (such as Stark-compliant physician needs assessments, CIN network adequacy reports, appointment availability statistics, wait times), and direct guidance and input from PeaceHealth leaders and clinicians in the designated service area

- c. Location where services are made available

Response: This is determined in the service area pursuant to available real estate. In addition, the PeaceHealth leaders in the service area conduct interviews with neighboring hospitals, clinics and health systems and occasionally engage in outreach activities to meet community needs outside of the primary service area should there be objective evidence that such a need exists.

- d. Quality management and improvement

Response: Quality oversight of surgical practitioners is performed in the hospital by the hospital's organized medical staff. In addition, PHMG sponsors a confidential incident reporting system and runs routine quality data from the clinic EMR in order to monitor for patterns of performance. This information is reviewed by the clinicians in the practice along with PHMG CMO in the service area and may also be reviewed, if needed, by the service area's PHMG peer review committee and/or Quality Committee. Any incidents or patterns of performance that could have a material impact on a practitioner's ability to practice independently may also be escalated to the PHMG CMO at a corporate level.

- e. Contracting with third parties, including payers

Response: Third-party contracting is managed at a corporate level by the payor contracting department.

- f. Billing and collections

Response: Billing and collections is managed at a corporate level by the revenue cycle department.

- g. Care coordination

Response: There are service area-based care management teams providing care coordination services based both in the hospital and in the ambulatory environments. The hospital-based team is managed by the hospital's CNO and the ambulatory team has a local nurse manager that reports to a system level nurse director of care management.

- h. Appointment/surgery scheduling

Response: There are schedulers in the clinic as well as in the service area hospitals and ASCs who jointly collaborate to schedule patient care activities.

3. Please provide policies for financial assistance and charity care applicable to patients of PeaceHealth Medical Group providers. Please include patient-facing materials describing such policies and related processes.

Response: PeaceHealth's financial assistance and charity care policies are attached as Exhibit B.

4. Please confirm whether NWSS currently offers financial assistance or other charitable programs to patients. If yes, please describe these and provide a copy of associated policy documents and patient-facing materials.

Response: NWSS's does not have a patient-facing financial assistance policy. If a patient requests a discount, then NWSS will offer patients who pay their balance in full within 30 days a discount of 10% for insured patients and 25% for self-pay patients. For Bridge-approved patients without health insurance, NWSS will accept 50% of their Bridge assistance offer for balances above \$1,000.

5. When NWSS providers become employees of PeaceHealth, will PeaceHealth impose any limitations on those providers' ability to practice or admit patients at other hospitals or facilities outside the PeaceHealth system?

Response: No. We support the providers in making joint decisions with their patients regarding hospital / ASC services. PeaceHealth providers may use non-PeaceHealth hospitals and facilities when that is the patient's choice and/or clinically in the best interests of the patient.

6. When NWSS providers become employees of PeaceHealth, will PeaceHealth impose any limitations on those providers' ability to refer patients to providers outside of PeaceHealth? Please consider imaging and laboratory service providers in your response.

Response: No.

7. Following the acquisition, will PeaceHealth implement any changes to requirements or any new restrictions for granting admitting privileges at PeaceHealth hospitals to surgeons not employed by the health system?

Response: No.

8. Will PeaceHealth charge facility fees for any services rendered by former NWSS physicians for which no facility fees are currently applied?

Response: No.

- a. If yes, please describe which services this will apply to and why facility fees are warranted.

Response: N/A.

9. Describe how NWSS physicians' employment by PeaceHealth will "reduce per-capita overhead" and generate "efficiencies." How will the former NWSS physicians and their patients benefit from these cost reductions/efficiencies?

Response: Currently, all of NWSS's overhead is split among eight physicians and four advanced practice providers. This includes the overhead associated with support staff, IT, legal, malpractice, employee benefits, contracting, and space leasing. PeaceHealth can spread these administrative costs over all of PeaceHealth Medical Group's physician employees. Moreover, by becoming PeaceHealth employees, the physicians formerly

affiliated with NWSS will no longer bear the administrative burden associated with operating an independent practice, which means that they can devote more of their time and resources to clinical and quality improvement activities, which will directly benefit their patients. As a practical matter, NWSS's model was not sustainable, in large part because of the costs associated with operating an independent practice. In joining PeaceHealth, the physicians formerly affiliated with NWSS have found a financially sustainable way to continue practicing in the community. Also, the NWSS surgeons will become part of the clinically integrated network (they are not currently members) which brings reduced out of pocket payments and overarching total costs of care initiatives to the patients that previously weren't available. For example, patients participating in the clinically integrated network get enhanced care management services.

10. Please provide names of the "independent surgical groups" referenced in the response to item 10 of the notice.

Response: Summit Surgical (Drs. Andrew McIvor, Bryan McVay, Scott Russi, and Thomas Stites), Dr. Jose Viramontes, Dr. Kristian Ferry, and Dr. John Terhes.

11. For each current NWSS provider, please provide:

- a. The date of employment with NWSS or the date the provider became a partner in NWSS, LLP.

Response:

Dr. Bascom – 8/14/1991

Dr. Muilenburg, 6/29/2022

Dr. Cusati – 7/1/2011

Dr. Clark – 8/1/2016

Dr. Ingalls – 8/1/2015

Dr. Modeste – 9/1/2012

Dr. DeHaas – 2/4/2022 (he was previously a partner and retired in 2021 but rejoined as an employee in 2022. He first joined as a partner June 24, 1999).

Dr. Seidman – 10/1/2002

- b. Names of all hospitals or outpatient facilities at which the provider practices.

Response: All providers are credentialed at PeaceHealth RiverBend and Day Surgery at RiverBend. Dr. Ingalls is also credentialed at McKenzie-Willamette Medical Center and McKenzie Surgery Center.

12. Three NWSS providers listed on the NWSS website (Paul Schumacher, Duc Vo, and Valerie Smith) are not included on the NPI form or the Employee Offer List (Schedule 7.02(k)). Please explain their omission. If they are no longer at NWSS, please provide their departure date.

Response: Dr. Schumacher relocated to Salem, Oregon, his departure date was June 7, 2023. Dr. Vo retired from surgery on 4/30/2023 due to a shoulder injury. He is currently doing Medical Director Work for Volunteers in Medicine. Dr. Kainth relocated to Tacoma, Washington, his departure date was June 30, 2023. Valerie Smith, PA departed the practice 11/18/2022.

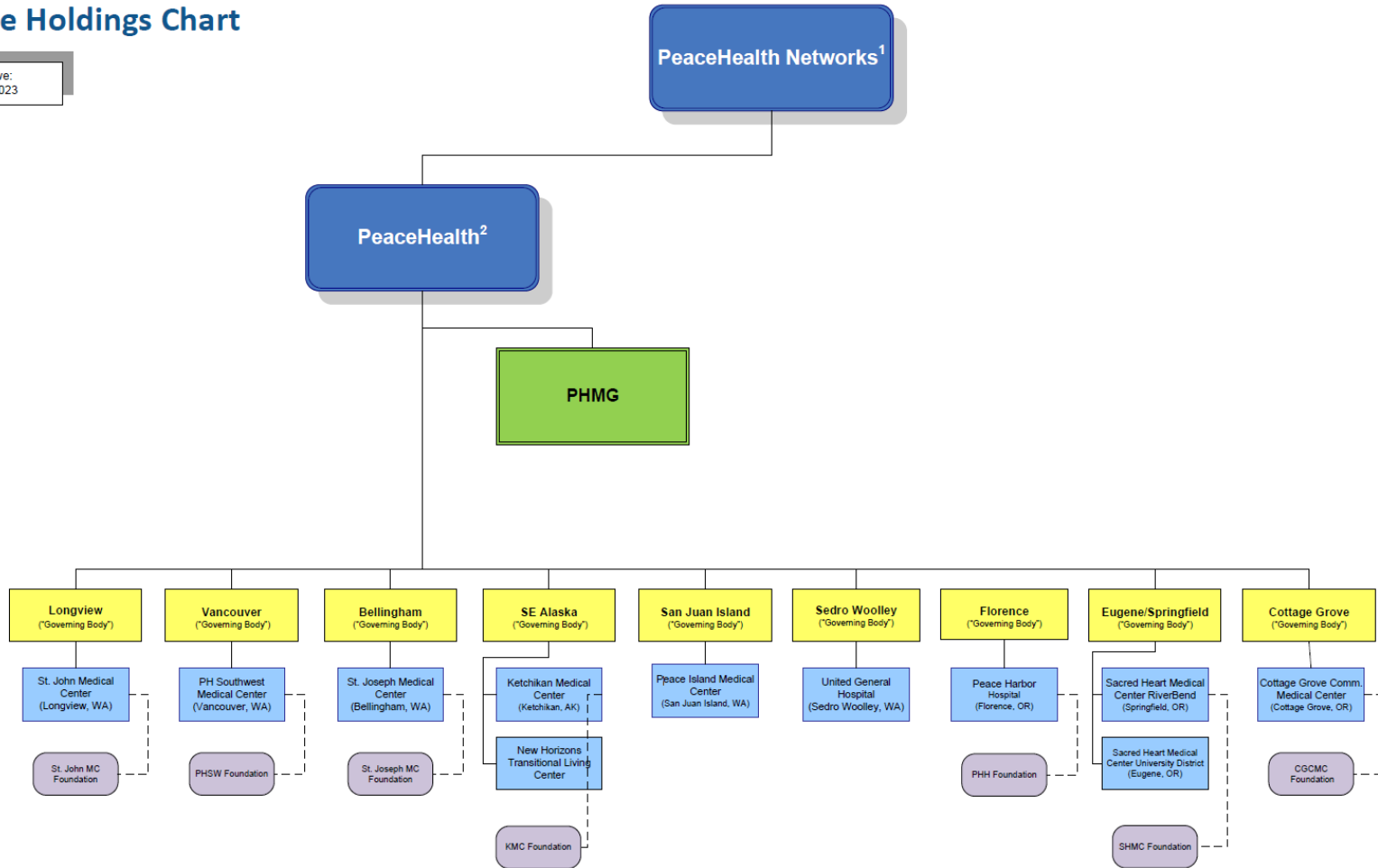
13. One NWSS provider (Craig Seidman) is not included in the Employee Offer List. Please explain this omission.

Response: Dr. Seidman is starting his own practice and opted not to join PeaceHealth. His last day with the practice will be 7/29/2023.

Exhibit A Organizational Chart

Corporate Holdings Chart

Effective:
07/13/2023



¹PeaceHealth Networks, a Washington nonprofit corporation and 501(c)(3)

²PeaceHealth, a Washington nonprofit corporation and 501(c)(3)

- Community Governing Bodies (9)
- Hospitals, Nursing Homes (11)
- Corporate Operations Matrixed PeaceHealth System-Wide (1)
- Separately Incorporated Supporting Foundations (7)

Exhibit B
PeaceHealth Financial Assistance Policies

[Attached below]

Financial Assistance at PeaceHealth

Help is Available

PeaceHealth is committed to making sure our patients get the care they need, whether or not they are able to pay. Providing health care to those who cannot afford to pay is part of our mission. Our hospitals are required by law to provide free and discounted care to eligible patients. You may qualify for free or discounted care based on family size and income, even if you have health insurance. Patients who have trouble paying for a bill should call a Patient Account Specialist at the numbers listed below.

How to Apply

In-person, by mail or over the phone. A patient can apply for financial assistance by submitting an application and providing supporting documents. Please contact us with questions, or to request free copies of our application form and policies.

- **By telephone:**
 - **877-202-3597** English support
 - **844-746-4737** All other languages [Para español o tagalog, 国语, для русского языка, cho Việt]
- **PeaceHealth website:** <https://www.peacehealth.org/financialassistance>
- **In person:** at any of our PeaceHealth Medical Centers
- **To obtain documents via mail free of charge:** call us at the numbers listed above

Financial Help Fast Facts

Emergency care: The emergency rooms at all of our hospitals follow the legal rules of the Emergency Medical Treatment and Labor Act (EMTALA). We care for patients with emergency medical needs, whether or not the patient has insurance, without requiring payment at time of service. Financial assistance is available if needed for emergency care.

What should I do if I can't pay my bills? Any patient can apply for financial assistance. Anyone who applies will be asked for information that shows their financial need. PeaceHealth offers help with your bill based on your income and ability to pay. We have discounts that range from 65% to 100%. The amount of support available depends on the patient's financial needs.

What is covered? A patient approved for financial assistance will be covered for emergent or medically necessary treatment and will not be charged more than the amount generally billed (AGB) to patients who have insurance.

Can I make payments? PeaceHealth requests payment in full when you receive your initial billing statement. Your balance can be paid in multiple ways, such as: credit card, prepaid card, cash, check, or online payment. Payment plans are also available. Please call the numbers above to discuss payment options with a Patient Account Specialist.

Coverage assistance: We can help patients apply for community or government programs that may help cover medical bills. Patients who do not have insurance can contact us for help. We will assist patients who have a large bill even after insurance has paid.

If English is not your first language: Our financial assistance policy, an application, and this summary are available in the following languages:

- Spanish
- Vietnamese
- Chinese
- Russian
- Tagalog

Financial Assistance Application Form Instructions

This is an application for financial assistance (also known as charity care) at PeaceHealth.

PeaceHealth provides financial assistance in accordance with state and federal requirements to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. To view PeaceHealth's Financial Assistance Policy and additional information, please visit peacehealth.org.

What does financial assistance cover?

The hospital financial assistance covers appropriate hospital-based services provided by PeaceHealth depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing

this application: Please contact Customer Service at 877-202-3597. You may obtain help for any reason, including disability and language assistance.

In order for your application to be processed, you must:

- Provide us information about your family
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes and deductions)
- Provide documentation for family income
- Attach additional information if needed
- Sign and date the form

Note: You do not have to provide a Social Security number to apply for financial assistance.

If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

Mail, email or fax completed application with all

documentation to: PeaceHealth Patient Financial Services, PO Box 748632, Los Angeles, CA 90074-8632. Email: financialassistance@peacehealth.org
Fax: (360) 729-3047. Be sure to keep a copy for yourself.

To submit your completed application in person:

Please contact Customer Service for the closest drop-off location at 877-202-3597.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

**We want to help. Please submit
your application promptly!
You may receive bills until we
receive your information.**



PeaceHealth Financial Assistance Application Form - **CONFIDENTIAL**

Please provide answers to each question. If it does not apply, write "NA". Attach additional pages if needed.

PLEASE MAIL COMPLETED APPLICATION TO PEACEHEALTH, PO BOX 748632, LOS ANGELES, CA 90074-8632

Guarantor Number _____

SCREENING INFORMATION

- Do you need an interpreter? Yes No *If Yes, list preferred language: _____*
- Does the patient receive state public assistance services such as Medicaid, TANF, Basic Food, or WIC?? (OPTIONAL) Yes No
- Is the patient currently homeless? Yes No Is the patient's medical care need related to a car accident or work injury? Yes No

PLEASE NOTE

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.

PATIENT AND APPLICANT INFORMATION

Patient First Name	Patient Middle Name	Patient Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <i>May Specify:</i> _____	Birth Date	Social Security Number (not required)
Person Responsible For Paying Bill	Relationship To Patient	Birth Date
		<i>Note: You do not have to provide a Social Security number to apply for financial assistance</i>
Mailing Address		Main Contact Number(s)
City	State	Zip Code
		_____) _____ _____) _____
		Email Address: _____

- Employment status of person responsible for paying bill
- Employed** *Date of hire:* _____ **Unemployed** *How long unemployed:* _____
- Self-Employed** **Student** **Disabled** **Retired** **Other:** _____

FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together. **FAMILY SIZE** *Use additional paper if needed.*

Name	Date of Birth	Relationship to patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total GROSS monthly income (before taxes):	Also applying for financial assistance?

All adult family members' income must be disclosed and proof included with completed application. Examples of income sources include:

- Wages ■ Unemployment ■ Self-employment ■ Workers Compensation ■ Disability ■ SSI ■ Child/spousal support ■ Work study programs (students) ■ Pension ■ Retirement account distributions ■ Other *Please explain:*

ADDITIONAL INFORMATION

Please use additional pages if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.

PATIENT AGREEMENT

- I understand that PeaceHealth may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.
- I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.
- By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

Signature of Person Applying

Date

If you have questions or need help completing this application: Please contact Customer Service at 877-202-3597. You may obtain help for any reason, including disability and language assistance. To view PeaceHealth's Financial Assistance Policy and additional information, please visit peacehealth.org.

PLEASE MAIL COMPLETED APPLICATION TO PEACEHEALTH, PO BOX 748632, LOS ANGELES, CA 90074-8632

Status **Active** PolicyStat ID **12448078**



PeaceHealth

Origination 5/31/2007
Last Approved 1/27/2023
Effective 1/27/2023
Next Review 1/26/2026

Owner Jason Friend: Dir Revenue Cycle (Pat Access)
Area Revenue Cycle
Applicability PeaceHealth Systemwide
Tags Policy

Financial Assistance Policy

SCOPE

This policy applies to all PeaceHealth settings and services in the location(s) checked below:

✓ Ambulatory Surgery Center	✓ PeaceHealth Medical Group
✓ Cottage Grove Medical Center	✓ Sacred Heart RiverBend
✓ Ketchikan Medical Center	✓ Sacred Heart University District
✓ Ketchikan Long Term Care	✓ Southwest Medical Center
✓ Peace Harbor Medical Center	✓ St. John Medical Center
✓ Peace Island Medical Center	✓ St. Joseph Medical Center
✓ PeaceHealth Home & Community	✓ System Services Center
✓ PeaceHealth Laboratories	✓ United General Medical Center

PURPOSE

The purpose of this policy is to provide information about Financial Assistance programs offered by PeaceHealth that assist guarantors, provide patients with medical management, and support the financial stability of PeaceHealth

DEFINITIONS

- **Extenuating Circumstances/Catastrophic:** Consideration of additional factors in determining the patient portion of an account qualifying for less than 100% coverage under the Financial Assistance Policy. Factors include: remaining balance after all reductions, household income,

and medical status of patient/family.

- **Extraordinary Collection Actions (ECA):** (i) actions requiring a legal or judicial process, including but not limited to placing a lien on property, attaching bank accounts, filing civil action under contract law, or garnishing wages; and (ii) reporting adverse information to a credit agency/bureau. PeaceHealth or its contracted collection agencies may take the listed actions for unpaid accounts subject to any court-required approvals.
- **Financial Assistance:** A PeaceHealth program through which emergent, medically necessary, and some preventative services are provided by PeaceHealth at a reduced cost or without charge when it has been determined that payment for those services cannot be obtained through insurance, outside agencies, or private means.
- **Financial Counseling:** A process of working with our patients in a compassionate and caring manner to identify options for resolving their PeaceHealth financial obligations.
- **Guarantor:** A person age 18 or over, regardless of marital status, who has legal financial responsibility for services provided.
- **Household:** Persons related by birth, marriage, or adoption residing in the home.
 - A household does not include any of the following people:
 - Roommates
 - Guarantor's unmarried partner, unless they have a child together and the child is the patient
- **Income:** Total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to members of the household.
- **Indigent Persons:** Patients or their guarantors who qualify for charity care pursuant to the PeaceHealth Financial Assistance policy, and who have exhausted any third-party coverage.
- **Medically Necessary Care:** Care that, in accordance with clinically accepted parameters, is reasonably calculated to:
 - Prevent the onset or worsening of an illness, condition, or disability;
 - Establish a diagnosis;
 - Provide palliative, curative, or restorative treatment for physical, behavioral, and/or mental health conditions; and/or
 - Assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.
 - Each service is performed in accordance with national standards of medical practice generally accepted at the time the services are rendered, and must be sufficient in amount, duration, and scope to reasonably achieve its purpose. Course of treatment may include observation only, or when appropriate, no treatment at all.
- **Patient:** An individual receiving care at PeaceHealth.
- **Service Area:** The state in which the PeaceHealth entity/provider is located.

POLICY

It is the policy of PeaceHealth to ensure a socially just practice for providing emergency or other medically necessary care and comply with federal and state laws and regulations relating to emergency medical services and patient financial assistance, including but not limited to Section 1867 of the Social Security Act, Section 501(r) of the Internal Revenue Code, RCW 70.170.060, and WAC Ch. 246-453.

1. Financial Assistance Overview

- a. Signage and brochures informing patients and/or guarantors of PeaceHealth's financial counseling programs and financial assistance are available at appropriate access areas, including registration, and are also available in electronic format on peacehealth.org.
- b. Financial assistance information is provided at least annually to community agencies such as local health departments, Medicaid offices, social service agencies, and physician practices.
- c. Guarantors may apply for financial assistance at any time. If applicable, extraordinary collection actions (ECAs) will be suspended while an application is being reviewed.
- d. In accordance with PeaceHealth policy, federal law, and RCW 70.170.060(2), emergent care (including care for people in active labor) is never delayed or denied due to an assistance determination or requests for financial information regarding ability to pay. (Emergency Medical Treatment and Labor Act [EMTALA] Compliance Policy #ADM-0733)
- e. Financial Assistance is secondary to all available sources of payment including, but not limited to:
 - i. Insurance
 - ii. Third party liability payers
 - iii. Government programs
 - iv. Outside agency programs
 - v. Health savings accounts
- f. Financial Assistance is granted to applicants receiving emergent or medically necessary care.
- g. For emergent or medically necessary care furnished in Oregon or Alaska, Financial Assistance is granted to all eligible patients that reside in the states of Washington, Oregon and Alaska.
- h. Information regarding PeaceHealth's billing and collections practices, including the description of actions PeaceHealth hospitals may take in the event of nonpayment, can be found in the separate Patient Billing and Collections Policy and Procedure which is available free of charge on peacehealth.org or a free mailed copy can be requested by calling Customer Service at 877-202-3597.

2. Limit on Charges for Guarantors Eligible for Financial Assistance

- a. Guarantors eligible for financial assistance under the Financial Assistance Policy will not be personally responsible for more than the amounts generally billed (AGB), as defined in

Treasury Regulation Section 1.501(r)-1(b)(1), by the applicable PeaceHealth hospital for the emergency or medically necessary services received.

- b. PeaceHealth calculates each hospital facility's amounts generally billed (AGB) by using the "look-back" method which uses claims for emergency and other medically necessary care from Medicare and all commercial insurers over a 12-month period.
- c. A free copy of the AGB calculation description and percentages will be provided via mail upon request. Requests may be made in person at any Patient Registration department or by calling Customer Service at 877-202-3597.

3. Financial Assistance Application Process

- a. Financial Assistance applications are included with each patient statement, or can be obtained by request at all Registration areas, via MyPeaceHealth, by downloading an application from peacehealth.org, or by contacting Customer Service at 877-202-3597.
- b. Consideration for financial assistance occurs once a complete application has been submitted to PeaceHealth.
- c. Information required for a complete application:
 - i. List of family members in household
 - ii. Household gross monthly income (income before taxes and deductions)
 - iii. Signature and date
 - iv. Acceptable documentation of income attached
- d. Acceptable documentation of income must include one of the following:
 - i. A "W-2" withholding statement
 - ii. Pay stubs
 - iii. An income tax return from the most recently filed calendar year
 - iv. Forms approving or denying state funded programs (Optional)
 - v. Forms approving or denying unemployment compensation
 - vi. Written statements from employers or welfare agencies
 - vii. In the absence of the above forms of income documentation, a written and signed statement from the Guarantor will be accepted as proof of income
- e. Assets are not considered as part of the PeaceHealth process for approving or denying Financial Assistance
- f. Completed applications can be sent to PeaceHealth Patient Financial Services:
 - i. By Mail: P.O. Box 748632 Los Angeles, CA 90065
 - ii. By Fax: 360-729-3047
- g. If an incomplete application is received, a letter is sent explaining what is required to complete the application.
 - i. If requested information is not returned within 30 days, the application is denied.

- ii. Additional time to secure required documentation may be granted upon request.
- h. Financial Assistance is granted in accordance with the following table based on income and family size:

Federal Poverty Percentages		Financial Assistance Allowance
From	To	
0	300%	100%
301	350%	85%
351	400%	70%

- i. Complete applications are processed within 14 calendar days of receipt.
- j. If approved, a letter is sent including the amount of assistance applied to outstanding guarantor balances and the dates of service for which eligible services will be covered.
- k. If denied, a letter is sent including the reason for denial and instructions for appealing.
- l. The Vice President of Revenue Cycle or designee has the authority to make final determination and exceptions.

4. Financial Assistance Appeals

- a. Responsible parties may appeal the determination of eligibility for financial assistance by submitting additional written information, such as income verification or explanations of extenuating circumstances, to PeaceHealth Patient Financial Services within 30 days of the denial notification.
- b. Collection activities for accounts under appeal are pended until a determination is made.
- c. Appeal determination will be made, and notification sent, within 30 days.
- d. The Vice President of Revenue Cycle or designee has the authority to make the final determination for all appeals.
- e. For PeaceHealth facilities located in the state of Washington, when a financial assistance application is denied and the appeal upheld, a copy of the paperwork is provided to the Washington State Department of Health.

5. Presumptive Financial Assistance Eligibility

- a. Other sources of information, such as estimated income and family size provided by a predictive model, may be used to make an individual assessment of financial need.
 - i. This information will enable PeaceHealth to proactively assist patients with financial obligations by utilizing the best estimates available in the absence of information provided directly by the patient.
 - ii. Presumptive screening provides benefit to the community by enabling PeaceHealth to systematically identify financially needy patients who may not have been able to complete a traditional application or provide appropriate documentation.

- b. For the purpose of helping financially needy patients, PeaceHealth may utilize a third-party to review the patient's information to assess financial need.
 - i. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases.
 - 1. The model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, resources, and liquidity.
 - 2. The model's rule set is designed to assess each patient to the same standards and is calibrated against historical financial assistance approvals for PeaceHealth.
 - 3. The predictive model enables PeaceHealth to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process.
 - 4. Information from the predictive model may be used by PeaceHealth to grant presumptive eligibility in cases where there is an absence of information provided directly by the patient. Where efforts to confirm coverage availability have been unsuccessful, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
- c. In the event a patient does not qualify for the highest level of financial assistance under the presumptive rule set, the patient may still provide the requisite information and be considered under the traditional financial assistance application process.
- d. In addition to the use of the predictive model outlined above, presumptive financial assistance will also be provided at the 100% charity care level in the following situations:
 - i. Deceased patients where PeaceHealth has verified there is no estate and no surviving spouse.
 - ii. Patients who are eligible for Medicaid from another state in which PeaceHealth is not a participating provider and does not intend to become a participating provider.
 - iii. Patients who qualify for other government assistance programs, such as food stamps, subsidized housing, or Women Infants and Children Program (WIC).
 - iv. Patients who are confirmed to be homeless with no available source of payment.
- e. If a patient is deemed unable to pay through any of the above described means, PeaceHealth will cease and desist collection efforts that are underway and adjust the account balance to zero through either bad debt (Medicare) or presumptive charity (all other coverages or lack thereof).

6. Additional Assistance Provided

- a. Uninsured Discount
 - i. Patients without insurance, or insured patients receiving services not covered by insurance, are awarded an uninsured discount.
 - ii. In accordance with PeaceHealth Uninsured Discount Policy, uninsured discounts are

granted only for emergent or medically necessary care.

- b. PeaceHealth will assist patients or their guarantors in identifying and applying for available assistance programs including Medicaid and coverage available on the Washington Health Benefit Exchange

7. Providers Subject to PeaceHealth's Financial Assistance Policy

- a. PeaceHealth's decision to provide financial assistance in no way affects the guarantor's financial obligations to physicians or other healthcare providers, unless such physicians or other healthcare providers are providing care to patients pursuant to a contract with PeaceHealth that requires accepting financial assistance decisions made by PeaceHealth.
- b. A list of non-PeaceHealth physicians or other healthcare providers who have agreed to comply with the Financial Assistance Policy and Procedure can be found by visiting peacehealth.org or by calling Customer Service at 877-202-3597 and requesting a copy.

HELP

Further information may be obtained by contacting Patient Financial Services.

RELATED MATERIAL

Forms:

- [Financial Assistance Application](#)
- [Plain Language Summary](#)

Policies & Procedures:

- [Patient Billing and Collections Policy](#)
- [Emergency Medical Treatment and Labor Act Compliance Policy](#)
- [Emergency Medical Treatment and Labor Act Compliance Procedure](#)

Formerly known as document number 900.1.262.

All Revision Dates

1/27/2023, 8/23/2022, 7/1/2019, 7/1/2016, 10/17/2014, 6/18/2014, 2/1/2014, 11/13/2009

Approval Signatures

Step Description

Approver

Date

PeaceHealth System Board of Directors	Shaina Hogan: Dir Policy Admin	1/30/2023
WA DOH	Jason Friend: Dir Revenue Cycle (Pat Access)	10/20/2022
NCPSC	Shaina Hogan: Dir Policy Admin	10/4/2022
Sys VP Revenue Cycle	Krista Touros: CFO Northwest	10/4/2022
Sr Dir Patient Access	Cheryl Mallory: Sr Dir Patient Access	10/4/2022
	Jason Friend: Dir Revenue Cycle (Pat Access)	10/4/2022

Standards

No standards are associated with this document

COPY